



STATE OF WASHINGTON  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200  
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

**MORTGAGE BROKER OFFICE CLOSURE/LICENSE SURRENDER FORM**

**INSTRUCTIONS FOR CLOSURE OF AN OFFICE:**

1. Books and records must be accessible to DFI (in Washington state, unless special permission) in compliance with RCW 19.146.060. Written notice must be sent to DFI informing change of location or custodian of records.
2. Contact Dept. of Revenue, Unclaimed Property Division, for instructions about any unclaimed trust account funds.
3. Surrender the original Mortgage Broker license issued to this location.
4. All principals (10% control or more) and the Designated Broker must sign the non-violation statement. Make copies if more room is needed.
5. Pursuant to RCW 19.146.228, and WAC 208-660-060(3), your annual assessment is due each year, regardless of surrendered license. To avoid confusion, you may pay this amount now.

**PLEASE CHECK APPLICABLE BOX:**  
\$530.86 payable to "Washington State Treasurer"

☐ MAIN OFFICE      ☐ BRANCH OFFICE  
EFFECTIVE DATE OF CHANGE \_\_\_\_\_

**MORTGAGE BROKER COMPANY NAME:** \_\_\_\_\_

TRADE NAME \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
*Of location closing*

City

County

State

Zip

**CUSTODIAN OF RECORDS:**

*in accordance with RCW 19.146.060*

*Last Name*

*First*

*Middle*

MAILING ADDRESS: \_\_\_\_\_

City

County

State

Zip

Phone

Fax

e-mail address

**LOCATION OF RECORDS:**

PHYSICAL ADDRESS: \_\_\_\_\_

City

County

State

Zip

**NON-VIOLATION STATEMENT:**

The undersigned hereby declares intent to operate in compliance with chapter 19.146 RCW, the Mortgage Broker Practices Act of Washington. I will not hold myself out as able to perform the duties of a mortgage broker unless and until such time as I have secured a position as a bona fide employee or independent contractor of a licensed or exempt mortgage broker.

\_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Printed name of Authorized Official*

\_\_\_\_\_  
*Printed name of Authorized Official*